SENDER: COMPLETE THIS SECTION 00730-S Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: CARMEN CARTER 4/7 PROBASCO STREET CINCINNATI, CH 45220 3. Service Type Certified Mail Express Mail Registered Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number (Tlansfer from service label) PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835		·
item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: CARMEN CARTER 417 PROBASCO STREET # 7 CINCINNATI OH 45220 3. Service Type **Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number (Transfer from service label)	SENDER: COMPLETE THIS SECTION	739-SACOMPLETE THIS SECTION ON DELIVERY Filed (17/15/2004 Page 1 of
CARMEN CARTER 417 PROBASCO STREET # 7 CINCINNATI, OH 45220 2. Article Number (Transfer from service label) # 7002 0840 0004 5229 8403	 Item 4 if Restricted Delivery is desired. Print your name and address on the reverse that we can return the card to you. Attach this card to the back of the mailpine. 	Se X Armen Carter Agent Addressee B. Received by (Printed Name) C. Date of Delivery Carmen Carter 7-17-04
419 PROBASCO STREET #7 CINCINNATI, OH 45220 3. Service Type Certified Mail Express Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number (Transfer from service label) 7002 0840 0004 5229 8403	Article Addressed to:	
3. Service Type CINCINNATI, OH 45220 Registered Return Receipt for Merchandise Restricted Delivery? (Extra Fee) Yes 2. Article Number (Transfer from service label) 3. Service Type Return Receipt for Merchandise Restricted Delivery? (Extra Fee) Yes	-	
CINCINNATI, OH 45220 Registered Receipt for Merchandise C.O.D. Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes 2. Article Number (Transfer from service label) 7002 0840 0004 5229 8603	419 PROBASCO STREE	\mathcal{T}
2. Article Number 7002 0840 0004 5229 8403	•••	Certified Mail Express Mail Registered Receipt for Merchandise
(Transfer from service label) 7UU2 U8EU UUUE 5229 8603		4. Restricted Delivery? (Extra Fee)
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835		7002 0860 DDD6 5229 8603
	PS Form 3811, August 2001 Do	mestic Return Receipt 102595-02-M-0835

Permit No. G.10

Sender: Please print your name, address, and ZIP+4 in this box

OFFICE OF THE CLERK
U. S. DISTRICT COURT
Rm 1032 U. S. Courthouse
5th & Walnut Streets
Cincinnati, Ohio 45202